

## SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

TN SOC ANESTHES

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at <a href="ethics.counsel@state.tn.us">ethics.counsel@state.tn.us</a>. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

1	a.	DATE OF DISCLOSURE $5/13/07$							
	b.	REPORTING PERIOD [check box]: 💢 October 1 – March 31 🗆 April 1 – September 30							
2.	a.	NAME OF CORPORATION/ENTITY TENN. SOCIETY OF ANESTHESIOLOGISTS							
	b.	NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS							
		WILLIAM BOND							
3.	a.	ADDRESS Street or Rural Route City State Zip Code							
		1917 EAST THIRD STREET CHATTANOOGA, TN 30404							
	b.	PHONE NUMBER 423-316-0867 (316-0867)							
4.	LOB	LOBBYING INTERESTS							
	а.	a. List the general subject area(s) lobbied, e.g., "healthcare," "insurance," etc.							
		health CARE							
	1.10,00								
•	b.	<ul> <li>Describe the general nature and interest of the entity employing or retaining lobbying services, e.g.</li> <li>"insurance company," "professional association," etc.</li> </ul>							
	£	Rofessional association of licensel anesthesiologists in							
7	EMNO	ssee.							
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5. TOTAL AGGREGATE LOBBYIST COMPENSATION. The term "compensation" is defined by T.C.A. § 3-6-301(7) as "... any salary, fee, payment, reimbursement or other valuable consideration, or any combination thereof, whether received or to be received; however, 'compensation' does not include the salary or reimbursement of an individual whose lobbying is incidental to that person's regular employment."

State the aggregate total amount of lobbyist compensation paid by the employer. For purposes of the disclosure, compensation paid to any lobbyist who performs duties for the employer in addition to lobbying and related activities shall be apportioned to reflect the lobbyist's time allocated for lobbying and related activities in this state (see more detailed definitions of "Lobbying," "Administrative Action" and "Legislative Action," and exceptions thereto, in T.C.A. § 3-6-301), Authority: T.C.A. § 3-6-303(a)(1)(A)-(K). (Check the appropriate box.)

T.C.A, § 3-6-301). Authority: T.C.A, § 3-6-30	3(a)(1)(A)-(K). (Check the appropriate box.)							
56 Less than \$10,000	☐ At least \$10,000 but less than \$25,000							
<b>/</b> □ At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000							
☐ At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000							
☐ At least \$200,000 but less than \$250,000	☐ At least \$250,000 but less than \$300,000							
☐ At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less than \$400,000							
☐ If the aggregate total amount is \$400,000 or more thousand dollars (\$50,000):	e, you must round the aggregate total to the nearest fifty							
6, LOBBYIST NAMES. List the name Tennessee. Indicate whether they are emptox. Attach additional pages as needed. At	es of the individual lobbyists who rendered services in the State of sloyed within your organization by checking the "In-House Lobbyist" athority: T.C.A. § 3-6-303(a)(1).							
LOBBYIST NAME	IN-HOUSE LOBBYIST							
LOBBYIST NAME JOHN LYELL								
7. LOBBYING-RELATED EXPENDITURES  NOTE: For the purposes of this Report, any expenditure made for the purpose of achieving a multi-state effect shall be apportioned equally among those states.  Excluding lobbyist compensation (which is reported under 5), state the aggregate total of expenses paid directly by the employer to third party vendors, for the purpose of influencing legislative or administrative action through public opinion or grassroots action in the State of Tennessee. These expenditures include, but are not limited to, costs relating to printing, publishing, advertising, broadcasting, paid announcements, audictapes, videotapes, compact discs, digital video discs, infomercials, rallies, demonstrations, seminars, lectures, conferences, postage, telephone related costs, internet services, public relations services, governmental relations services, polling services, travel expenses, grants to issue groups or grassroots organizations or any other expense incurred lobbying. Authority: T.C.A. § 3-6-303(a)(2)(A)-(K). (Check the appropriate box.)								
<b>5</b> Less than \$10,000	☐ At least \$10,000 but less than \$25,000							
☐ At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000							
☐ At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000							
☐ At least \$200,000 but less than \$250,000	☐ At least \$250,000 but less than \$300,000							
☐ At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less than \$400,000							
thousend dollars (\$50,000):	e, you must round the aggregate total to the nearest fifty							



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8.	AGGREGATE TOTAL OF ALL IN-STATE EVENTS							
State report	the aggregate total a ed to the Commissio	n pursuan	[ [O 1,O.A. 8 0-0-00	0(0)(0). ***		vent(s) which was or should have been C.A. § 3-6-303(a)(3).		
	\$ 0.00	6R	OCTOBER	1,2006	10	MARCH 31, 2007		
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9.			RTING OFFICIAL					
best o	i certify that the in of my knowledge, info	formation ormation a	contained in this Rond belief.	eport is true and	d that it i	is a complete and accurate report to the		
	GAR	205	5			5/13/07		
Signa Print	ature of Person Comp Name of Person:	WILLIA	AM C. DON.	D	<u></u>	Date		
	I, the undersigner rate to the best of my	d. acknow	ledge that I have r	eviewed the fo	regoing	Report and certify that is complete and		
	1 ATT	<u>-</u>				5/14/07		
Signa Print	ature of CEO, CFO o Name of Person:	r Authorize ا ا ا	ed Representative	<i>)</i>	_	Date .		
[,	Rae Young (Printed Name of	Bond Witness)	, the undersigne CFO or Autho	d, do hereby wi rized Represen	tness the tative, w	a above signature of the CEO, hich was signed in my presence.		
Ł	Cae Horema	i Ro	السارة			5/14/07_		
Sign	ature of Witness	<del></del>	AP Torre			Date		

